Washington Medicaid Integration Partnership

Enrollment & Education Sub-committee
Charter & Work Plan

August 23, 2004

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I. Project Description

A. Purpose

- **Develop enrollment processes and design enrollment material** that is specific to WMIP pilot project. Train DSHS staff (call-center, Exception Case Management, and Community Service Organizations (CSOs), provider community and advocates about the pilot project and enrollment processes.

- **Develop education and training material** for WMIP eligible clients, family members, advocates, and providers who see WMIP eligible clients. Education material and training need to be developed to inform *clients* of their choices, how to apply those choices, and what the program is all about - their benefit package, how managed care works, care coordination, and the phase in of long-term care in 2005.

  We also need education and training material to inform *providers and the community* about the program – how to advocate for their clients, the benefit package, care coordination, and phase-in of long-term care in 2005.

B. Description of Clients

The WMIP pilot project is voluntary, and provides managed health care for adults aged 21 and older, who are receiving Supplemental Security Income (SSI) or related SSI. SSI refers to the aged, blind or disabled. Clients eligible for WMIP have a variety of health care needs, including but not limited to disabilities (aged, blind, or disabled), mental illness, chronic diseases, and alcohol and substance abuse. Most of them use multiple prescriptions that can interact poorly with each other. Because they are currently receiving services through a Fee-for-Service system, they usually lack access to health care providers and are more likely to use hospital emergency rooms for preventive care.

There are two types of WMIP eligible clients:

1. People who are automatically enrolled in the program by January 1, 2004, with the option to disenroll, if they so choose. For the purposes of this subcommittee, these clients will be call “opt-out”.

2. People who can choose to enroll in the program. For the purposes of this subcommittee, these clients will be call “opt-in”.

For basic demographics on who is an “opt-in” or “opt-out” client, please see Appendix C.

C. Membership

Sponsor
Alice Lind, Care Coordination Section Manager, Division of Program Support

Stakeholders
- Molina Healthcare, Inc. (contractor)
- Tim Brown, Assistant Secretary, Health and Rehabilitation Services Administration (HRSA)
- Kathy Leitch, Assistant Secretary, Aging and Disabilities Services Administration (ADSA)
- Doug Porter, Assistant Secretary, Medical Assistance Administration (MAA)
- Ed Hidano, Director of Integration Iniatives, Dept. of Social and Health Services (DSHS)
- Providers
- Snohomish County Human Services
- Advocacy Groups
- Consumer Family Members

Sub-committee Members
State Members

- Chris Imhoff, Mental Health Division
- Rose Mary Micheli, Division of Alcohol & Substance Abuse
- Kristie Knudsen, Aging and Disabilities Administration
- Edie Henderson, Division of Alcohol & Substance Abuse
- Brett Lawton, Medical Assistance Administration (MAA)
- Becky McAninch-Dake, MAA
- Sue Cunningham, MAA
- Diane Kessel, MAA
- Trish Moore, MAA
- Sandy Jsames, MAA
- Pat Armstrong, MAA
- Gail Martin, Region 3 CSO

Community Members (for a complete listing of sub-committee members, see Appendix B)

- Jerry Fireman, Snohomish County Human Services
- Myrsa Montoya, Snohomish County Human Services
- Randall Downey, SEIU Local 775
- Ann Vining,
- Eleanor Owen, Community Activitist
- Katie DeVore, Adult DayCare
- Claudia St. Clair, Molina Healthcare
- Steve Reinig, Compass Health
- Laura Caster, Snohomish County Executive Office

II. WMIP Enrollment & Education Team Charter

A. Scope

Problem Statement
Material must be developed to help clients understand their choices about whether or not to enroll in the WMIP pilot project in Snohomish County. A process to deliver enrollment and education material needs to be developed so that clients understand their options before enrollment takes place in January, 2005.

Clients may be difficult to reach because of the nature of their health status, many are aged, blind or disabled. This means we will also need to educate providers and the community so they can provide outreach and support. Clients eligible for WMIP have a variety of health care problems, including but not limited to disabilities (aged, blind, or disabled), mental illness, chronic diseases, and alcohol and substance abuse.

Objectives

- **Develop enrollment material and a process for ensuring program and enrollment education for clients** who are eligible to join the Washington Medicaid Integration Partnership (WMIP) pilot project.

- **Develop education for providers and the community** so they can help clients in making these choices and make a smooth transition to managed care.

These objectives are important to the success and the program mission or goals because effective education and enrollment processes will reduce confusion and offer more perspective on choices and how to make informed care decisions. An informed choice can result in healthier outcomes for clients, increased preventive health care, decreased emergency room use and increased quality of life.

B. Committee Decisions

1. Training plan (budget decisions regarding training are left to the discretion of DSHS. While the plan may be developed by the committee, final processes that have budget components need approval by DSHS).

2. Enrollment process (budget decisions regarding the enrollment process are left to the discretion of DSHS. While the process may be developed by the committee, final approval is done by DSHS).

3. Draft language and content of Enrollment booklet

4. Draft language and content of enrollment educational material

C. Communication

Becky McAninch-Dake, who is the project manager, will update Alice Lind on progress of the sub-committee, including decisions, meetings, minutes, change requests, mitigation and any other problem areas that threaten to slow down progress.

Becky McAninch-Dake and Brett Lawton will be responsible for communicating to the Enrollment and Education Sub-committee with agendas, schedules, minutes, assignment reminders, issue reconciliation, recommendations, emails, and phone calls.

III. Client and Provider Education

A. Strategy

Many WMIP Enrollees may be vulnerable and isolated, so the communication plan will depend not only on direct contacts (like mailing), but also on finding "touch points" in the community. "Touch points" are the organizations or people in the community who interact with these clients and can provide WMIP information and support those who are deciding whether to enroll.

The overall communication strategy is:

1. Identify who is most likely to get information and the best method to get information to them.
2. Identify those that may not be able to do much on their own and who will need the most help.
3. Flesh out Educational targets, and strategies/methods for contact
4. Identify group contacts, such as ARC, Senior Information & Assistance and Refugee Forum and set-up information meetings to discuss educational strategies
5. Develop print material
6. Develop training forums
7. Develop material for the special needs population.

Training Activities:

DSHS staff will be working with the WMIP Enrollment and Education Subcommittee to identify training needs.

1. Develop client material, test client material with potential clients
2. Identify who needs to receive training and how best to provide it
3. Schedule training sessions and send invitations
4. Develop training documents, power point slide shows, client material samples
5. Create specialized material for some target audiences (e.g., those with chemical dependency or mental health needs). This includes developing training material in a variety of formats to accommodate special needs of clients, such as large print publications for clients who are visually impaired or translated material for people who are limited-English proficient.

B. Client Outreach & Education

Direct Contacts: The general educational methods we will use to directly contact clients will be hand-outs, brochures, mailings, videos, printed material, the MAA call center, and access to a client section on the WMIP website. We will also make presentations at the points where clients might naturally congregate or make access to the health care system. We will attempt to identify these "touch points" as a group.

	Target Groups	Opt In or Out
1.	Mental Health Clients	Opt Out
2.	Chemically Dependent Clients	Opt Out
3.	Medical Only Clients	Opt Out
4.	Long-Term Care Clients	Opt Out
5.	Dual Medicaid/Medicare Eligible Clients	Opt In
6.	Dangerously Mentally Ill Offender (DMIO) Clients	Opt In
7.	Community Based Care Clients	Opt In
8.	Expanded Community Services – Adults	Opt In
9	Expanded Community Services – Geriatric	Opt In
10.	Allen/Marr Lawsuit Clients	Opt In
11.	Stillaguamish Tribal members	Opt In
12.	Tulalip Tribal members	Opt In

C. Staff Training & Education

Specific education/training needs for various state agency, tribal, and contractor staff are listed below.

	Staff	Specific Educational Method(s) & Needs
1.	HCS/AAA/DDD staff	• Introduction/briefing material (10/04) • How to coordinate with Molina for WMIP services (04/05) • How enroll LTC clients into WMIP/financial (rate cell assignment (HCS & AAA only) (04/05)

	Staff	Specific Educational Method(s) & Needs
2.	MAA staff, including: • Medical Assistance Customer Service call center (9/04-10/04) • Exception Case Management (9/04-10/04) • Coordination of Benefits section (10/04) • Claims (10/04)	• iMAA website • memo • copies of client material • Molina Provider Network resources • Medical ID Card acronym • CMIS programming (e.g., drop down boxes for WMIP, etc.) • Molina data needs/requests about client enrollment, • WMIP Q&A phone scripts • Project timeline • Power Point slide show overview • Exemption/dis-enrollment policy
3.	Other state agency staff, including: • ESA CSO staff (9/04-10/04) • DASA staff (10/04) • MHD staff (10/04) • Region 3 DD staff • Tribal Health Officials (10/04) • Molina	Introduction/briefing material.

D. Provider/Stakeholder Training & Education

The provider/stakeholder community requiring training is shown on the chart below.

Provider package and schedule:

Direct Service Providers will require joint DSHS/Molina training sessions between September and December 2004. We will need to provide early, mid-day, and evening sessions covering:

- WMIP background information,
- Project timeline and transition,
- Copies of client material and the Medical Assistance ID Card acronym,

- Billing instructions, and,
- Molina coordination (care coordination team role, Molina provider training plan, participation at training sessions, and provider network).

Stakeholder package and schedule:

Other stakeholders will receive training in October 2004, so they can explain WMIP basics to clients and help them decide whether WMIP would be the best choice for them.

	Target Groups	Specific Educational Method(s) & Needs
1.	Family members (could be authorized representative, guardians with power of attorney, individual provider, or merely on-hand to help open mail/make health care & other decisions)	Stakeholder package
2.	Snohomish Medical Providers, including hospitals and pharmacies	Provider package
3.	Mental Health Providers/Services: • Compass • Catholic Community Services • Individual Therapists • Volunteers of America • Mental Health Advocacy Groups (e.g., club houses, peer support networks, NAMI, etc.)	Provider package
4.	Chemical dependency treatment providers and advocacy groups, including: • Snohomish County Human Services • Association of County Human Services, • Washington State Alcohol/Drug Clearing house, • National Association of Addiction Treatment Programs	Provider package
5.	Everett Clinic	Provider package
6.	Advocates and other interested stakeholders including: • AARP, • Alzheimer's Association of WA, • SEIU, • Area Agency on Aging • LTC Ombudsman • Senior Information and Assistance • Correctional institutions & law enforcement • Human Services Council • Refugee Forum • Council of Churches	Stakeholder package
7.	Home health agencies/hospice agencies	Provider package
8.	DD Council & ARC	Stakeholder package
9.	Long-term care providers: • Individual Providers/agency providers, • Boarding Homes (AFH association/BH	Provider package

	Target Groups	Specific Educational Method(s) & Needs
	association) • Nursing homes	
10.	SSA Facilitators	Stakeholder package
11.	SHIBA (Statewide Health Insurance Benefits Advisors)	Stakeholder package
12.	Durable Medical Equipment Providers	Provider package

E. Community Outreach & Education

Community outreach will generally entail:

- Sending out written materials,
- Making people aware of the WMIP website and community forums,
- Advertising (newspapers and radio Public Service Announcements) and
- Providing a number to call to get answers for questions.

One on one discussion with interested organizations during their regular staff meetings will also be helpful, to the extent it is possible to set up these meetings.

IV. Work Breakdown Structure

Establish the Plan		
	Key Task	Main Elements
1.	Assemble Sub-committee	• Recruit committee members • Negotiate with functional managers • Brief the sub-committee • Schedule internal/external meetings
2.	Develop the Plan	• Write Purpose • Write Charter • Determine project priorities, goals, objective, results • Develop skills matrix • Develop Schedule • Determine staffing requirements • Select milestones • Determine target audiences
3.	Kick-off sub-committee	• Approve the plan • Approve the purpose • Determine project priorities • Determine Next Steps
4.	Plan Meeting Logistics	• Determine meeting rooms • Determine amount of meetings • Determine meeting schedules

Work the Plan		
	Key Task	Main Elements
1.	Develop Questions and Answers (Q&A) for training purposes	• Gain approval for incentives (gift certificates) and determine amount • Purchase incentives for focus group/individual participation • Schedule focus groups/individual interviews to speak with consumers • Schedule focus groups/individual interviews to speak with providers • Write Q&As and review with sub-committee • Finalize Q&As
2.	Develop coordination with contractor for WMIP calls	• Obtain lists of providers • Determine who needs list and distribute • Coordinate process for calls – Call-Center, Care Coordination Section, Contractor
3.	Add WMIP provider lists to websites	• Contractor • DSHS/WMIP
4.	Develop WMIP MMIS screens	• Work with Internal staff

5.	Develop and write WMIP Enrollment booklet	• Design content:
		  ○ Molina Sheet
		  ○ Balanced Budget Act (BBA) language
		  ○ Chemical dependency, Mental Health, & Aging
		  ○ Comparison between FFS and Managed Care

Work the Plan		
	Key Task	Main Elements
		○ Disease Management & Care Coordination ○ Benefits • Review and finalize content • Incorporate enrollment information into focus groups • Incorporate focus group feedback • Finalize Enrollment booklet • Translation • Print and Mail
6.	Develop decision point worksheets	• Design Decision Points worksheet • Review and comment • Incorporate Decision Points worksheet into focus groups • Incorporate focus group feedback • Finalize Decision Points worksheet • Translation • Print & Mail
7.	Train internal staff and providers	• Compile lists of training opportunities • Discuss training materials • Develop training materials • Schedule training sessions
8.	Develop script for Call-center staff	• Meet with call-center representatives • Draft script • Collect feedback, review and finalize
9.	Develop education print material	• Design education material ○ Appropriate to Chemical Dependency ○ Appropriate to Mental Health ○ Appropriate to Aging ○ Appropriate to Disabilities • Review & Comment • Finalization • Translation • Print and Mail
10.	Develop other types of education materials (e.g., video, face-to-face interactions, and group meetings)	• Develop other education materials ○ Appropriate to Chemical Dependency ○ Appropriate to Mental Health ○ Appropriate to Aging ○ Appropriate to Disabilities • Review & Comment • Finalization • Translation

Approval		
	Key Task	Main Elements
1.	Develop a forum for issues to be resolved	• Develop Issues List • Determine how issues will be resolved
2.	Get buy-off from sub-committee	• Review plan and make revisions • Review draft language for enrollment booklet, training material, Q&As, decision points worksheet • Provide feedback • Make revisions • Gain approval

3.	Supervisor/Sponsor Approval	• Review draft language for enrollment booklet, training material, Q&As • Provide feedback • Make revisions • Gain approval

V. Timeline

	Task	July	August	September	October	November December
1.	Meetings	Schedule (7/2) Meeting (7/20)	Meeting (8/4)	Meeting (9/1)	Meeting (10/6)	
2.	The Plan	Approve				
3.	Focus groups	Gain Approval Purchase Incentives	Schedule – 9/2, 9/13 & 9/14	Hold Focus Groups		
4.	Q&As		Develop, review, and approve	Finalize, translate, & print	Deliver	
5.	Decision Points worksheet		Develop, review, and approve	Finalize, translate, & print	Deliver	
6.	Enrollment Booklet		Develop, review, and approve	Finalize, translate, & print	Deliver	
7.	Contractor	Coordinate enrollment and education				
8.	WMIP provider lists			Develop		Distribute & add to websites
9.	MMIS Screens	Develop (July through November)				
10.	Introductory briefing for • HCS, • AAA, • DDD, • DASA, • MHD, • CSO, • Region 3 DD staff • Tribal Health Officials • Molina		Develop intro/briefing material	Finalize material	Deliver Training	
11.	MACSCC and ECM training	Develop	Finalize	Deliver		
12.	Coordinated Benefits and Claims training	Develop		Finalize	Deliver	
13.	Provider training	Develop	Finalize	Deliver		
14.	Process for calls (Call-center, Care			Develop		Deliver (11/04)

	Task	July	August	September	October	November December
	Coordination, Contractor)					
15.	Issues list	Develop List & Resolve Issues				
16.	Target audiences	Identify audiences & develop strategies				
17.	Data	Identify sources & request data		Receive data		
18.	Stakeholder training	Draft material	Review & comment	Finalize	Deliver	
Highlighted areas indicate the task is completed						

Appendix A: Skills Matrix

	Reading Level	Provider Training	Leading Focus Groups	Marketing	Publications	Medicaid	CD	MH	Aging	Call Center	Advocacy	Federal Rules	Provider Relations
Becky	X		X	X	X	X						X	
Brett		X		X	X	X		X		X		X	
Robin		X				X		X					
Rose Mary							X						
Kristi									X				
Sandy				X	X	X	X	X				X	
Jerry						X			X		X		
Sue						X							
Katie		X							X		X		
Diane	X	X		X	X	X							
Trish					X								
Eleanor	X				X	X		X			X		
Claudia	X	X		X	X	X							X
Ann		X				X			X		X		
Kelley	X	X				X				X			
Jessica		X				X				X			
Edie		X	X				X						
Steve						X		X					
Randall								X					X
Pat						X							
Myrsa					X	X			X		X		
Laura													
Gail				X		X							
Chris		X			X	X		X				X	

Appendix B

WMIP ENROLLMENT AND EDUCATION SUBCOMMITTEE

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Appendix C

Description of SSI and SSI related clients

Aged, blind or disabled persons with income and resources below federal Supplemental Security Income (SSI) limits may receive both SSI cash benefits and Categorically Needy (CN) medical, or they may receive CN medical only. The federal Social Security Administration (SSA) administers the SSI program.

Income and resource standards are the same for CN medical only as for SSI cash benefits. Persons with income and/or resources above SSI limits may be eligible for the Medically Needy.

The SSI income standard is the Federal Benefit Rate (FBR. Washington State gives State funding Supplemental Payments (SSP) to eligible SSI clients in addition to the FBR they receive from SSA. SSP differs based on the client's living situation and the area of the state where the client lives.

Opt-out Clients

Clients who will be automatically enrolled in WMIP with the option to disenroll are SSI or SSI related and receiving Medicaid only services. An opt-out client may be receiving Fee-for-Service related care for mental health and chemical dependency. They may be receiving long-term care, such as COPES or be in a nursing facility.

Opt-out clients include those classified as Categorically Needy (CN), Aged Non-SSI, Blind Non-SSI, Disabled Non-SSI and all other presumptive SSI cases.

Opt-In Clients

Clients who will be given the option to enroll in WMIP are SSI or SSI related and receiving Medicare and Medicaid services. Additionally, clients classified as Dangerously Mentally Ill Offenders (DMIO), or clients receiving Community Based Care (CBC) are classified as Opt-in clients. Adults being served by Expanded Community Services (ECS), or part of a class action lawsuit (Allen/Marr) will be given the option to enroll in WMIP. Members of the Stillaguamish and Tulalip tribes will also be considered opt-in clients.

Opt-in clients include those classified as Institutionalized Categorically Needy and Medicare recipients.

Appendix D

Definitions

Long-Term Care (LTC) services are federally matched programs that fit individual needs and situations. Home and Community Based services enable some people to continue living in their homes with assistance to meet their physical, medical, and social needs. When these needs cannot be met at home, nursing facility care is available.

Income limits for LTC programs vary depending on the services needed, living situation, and marital status. Some income may be allocated to a spouse and any dependents in the home. The client living at home keeps some income for home maintenance and personal needs. If the client is living in a residential setting, such as an adult family home, adult residential care, or assisted living facility (ALF), the amount of income kept depends upon the particular services received. The client who is living in a nursing facility (NF), keeps a small personal needs allowance (PNA) for clothing and incidental expenses. All remaining income is paid toward the cost of care; this is called participation.

Advocates – Person or persons who actively supports or defends in a client's behalf in order to benefit the client. Advocates may be paid or voluntary and can include Ombudsman, state or county staff, and community supporters.